New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts | VOLUME 33 – NUMBER 20 | SEPTEMBER, 1980

Open house inaugurates new peritoneal dialysis unit on Palmer 2.

New peritoneal dialysis unit opens

An open house on August 7 marked the official opening of a new four-bed peritoneal dialysis unit on Palmer 2 which replaces a crowded and overutilized two-bed unit on Palmer 4. The new unit greatly enhances the Deaconess' ability to treat a wide range of patients with kidney failure who for reasons of advanced age or complicated medical conditions are not suited for the more common treatment, hemodialysis.

At full capacity, the unit will be capable of treating 16 patients a week, each of whom will receive a total of between 20 to 40 hours of peritoneal dialysis.

Dr. John A. D'Elia, NEDH and Joslin Clinic renal specialist, will head the new peritoneal dialysis unit. He will be assisted by June Lee, RN, nurse-in-charge.

PD: the other dialysis

Just mention the word "dialysis" and most people immediately conjure visions of a patient with kidney failure lying on a bed next to a clothes dryer-size hemodialysis machine. Yards and yards of clear plastic tubing loop out of the machine transporting the patient's blood from a permanent access spot on the arm called a fistula into the purifying machine and then back again. At the end of 1979 some 43,000 Americans depended on this form of life-saving dialysis to cleanse their blood, according to the Federal Medical Information System.

Less well known, however, are the 2,200 other Americans who survive on another type of blood purifying treatment called peritoneal dialysis (PD). Generally these people are not suited to the more strenuous hemodialysis treatment because of advanced age, partially blocked or collapsed blood vessels or complicated medical conditions involving heart problems. Other patients about to begin hemodialysis may use PD temporarily during the month or so required to heal their fistulas.

Where hemodialysis requires taking blood from the body to remove poisons normally handled by a healthy kidney, PD relies on a much slower, altogether different method of purification. Under PD a chemical solution is pumped into the abdominal cavity via an implanted catheter tube in the stomach. Once in the abdomen, the solution "draws" out waste materials through diffusion and osmosis from blood vessels in the peritoneum, a membraneous tissue lining the abdomen. The chemical solution and infiltrated wastes are then drained out and the cycle is repeated.

(continued on page 2)

Helping patients to put their lives back together

"Mr. Leonard will be ready to leave the Deaconess in two days."

Physically ready, but Mr. Leonard is an elderly man with no immediate family, recovering from a stroke. The rehabilitation hospital refuses him because he has no "rehab potential." He needs long-term care, but nursing homes are filled and waiting lists are long – especially for men. So where does Mr. Leonard go?

The hospital staff has fulfilled its goal, to restore a patient's health as much as possible following surgery or recovery from a major illness. However, patients also need help in putting their lives back together as they adjust to what could be a radical change in lifestyle. This process is initiated by hospital social workers who create or strengthen the patients' social network to try to assure that their health is maintained following release from the hospital.

A social support network extends beyond a person's immediate family to close friends, neighbors, visiting nurses, homemakers and community mental health personnel. "In Mr. Leonard's case we arranged for a visiting nurse, physical therapist and homemaker, and helped him to establish a closer relationship with his neighbor, who had expressed an interest in helping out," explained Mary deBettencourt, assistant social service director, "But what made the difference in Mr. Leonard's recovery was his determination to stay in his home. Sometimes this just isn't possible, but you must respect the patient's decision after you've presented the alternatives. Our job isn't just to become their advocates, but to help them become their own advocates."

Unfortunately there are not always alternatives from which to choose, especially since a majority of the patients counselled by the Deaconess social workers are elderly people suffering from multiple diseases. Resources for such patients in the Boston area are limited due to the high

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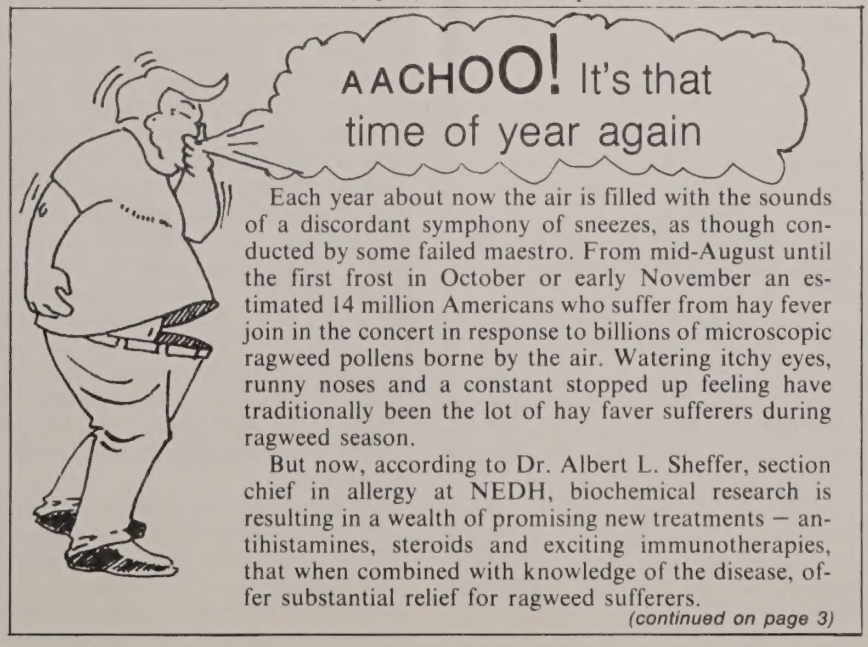

Each year about now the air is filled with the sounds of a discordant symphony of sneezes, as though conducted by some failed maestro. From mid-August until the first frost in October or early November an estimated 14 million Americans who suffer from hay fever join in the concert in response to billions of microscopic ragweed pollens borne by the air. Watering itchy eyes, runny noses and a constant stopped up feeling have traditionally been the lot of hay faver sufferers during ragweed season.

But now, according to Dr. Albert L. Sheffer, section chief in allergy at NEDH, biochemical research is resulting in a wealth of promising new treatments – antihistamines, steroids and exciting immunotherapies, that when combined with knowledge of the disease, offer substantial relief for ragweed sufferers.

(continued on page 3)

Memorial service held for Dr. Hadley

Friends, family and colleagues of Dr. William B. Hadley, senior physician and deputy director of the Joslin Clinic Division, gathered to pay tribute to his memory at a service held on September 2 in the Joslin Auditorium. Dr. Hadley's wife, Beverly, and their five children were in attendance.

Dr. Hadley, who died at age 55 last July 8, had been a member of the Deaconess and Joslin medical staffs since 1957, following his residencies and fellowship in medicine at the Deaconess Hospital and Joslin and Lahey Clinics. He was a graduate of Brown University and Harvard Medical School.

At the memorial service conducted by the Reverend Guy L. Steele (Chaplain at NEDH), several of Dr. Hadley's medical colleagues, including

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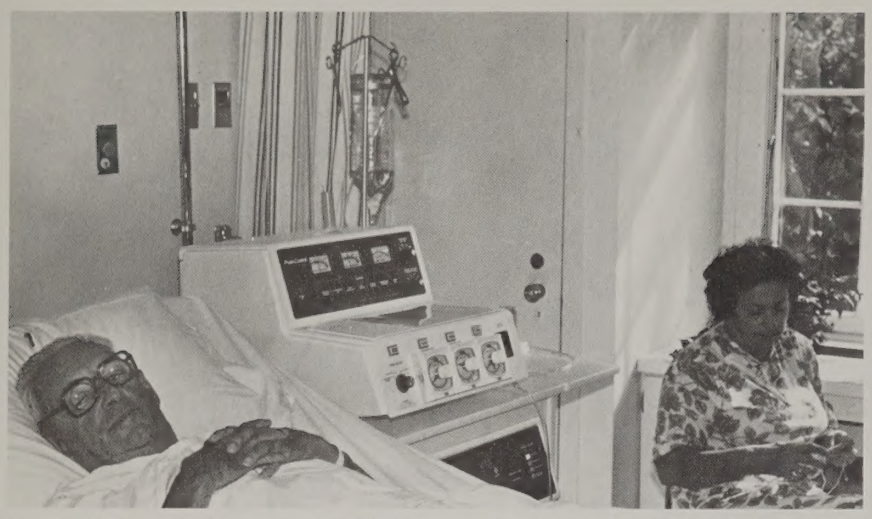


Mr. Charles Gove receives peritoneal dialysis treatments twice a week with his wife, Julia, by his side.

PD *(continued from page 1)*

Although PD was first invented in the 1920s, a full 40 years ahead of hemodialysis, its popularity had to await the invention of the permanent catheter in the 1960s. The catheter's arrival successfully overcame PD's previous major drawback: a high rate of inflammatory infection of the abdomen known as peritonitis caused by inadequate sterility during treatments.

Currently 12 patients, most with diabetic renal failure, and ranging in age from their late 30s to mid 70s, receive weekly treatments in the new PD unit at the Deaconess Hospital. Most, however, are in their 60s.

Mr. Charles Gove, 75, a retired electrical engineer from Duxbury, Massachusetts, is perhaps typical of PD patients at NEDH. For the past 15 years, Mr. Gove has had diabetes which has led to diminished eye sight, impaired hearing and a failing kidney.

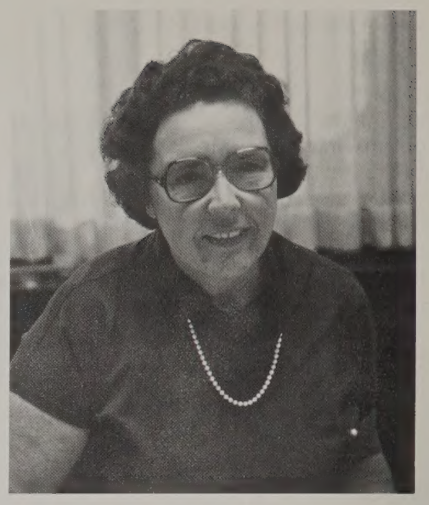
Referred to the Deaconess by a local physician in Plymouth, Massachusetts, Mr. Gove began PD treatments twice weekly in June. Each Monday and Friday Mr. Gove and his wife, Julia, commute 50 miles roundtrip for his treatment. With Mrs. Gove by his side knitting, Mr. Gove spends ten hours on each of the two days connected to a PD machine as it repetitiously runs through its three half-hour cycles of inflow, diffusion and outflow. Gradually, the process relieves Mr. Gove of accumulated uremic poison and excess electrolytes and water.

Usually for the next two days following a treatment, Mr. Gove feels rejuvinated. But then increasing periods of drowsiness signal that it's time for another PD session.

With his kidney condition stabilized, Mr. Gove hopes to begin training for home PD before the winter begins. This will enable the Goves to resume their annual winter pilgrimage to St. Petersburg, Florida where they'll have access to PD at an outlying medical center.

Due to the increasing numbers of PD patients like Mr. Gove who must commute to NEDH for their treatments, plans now call for establishing a home PD training program at the hospital within a year. Future plans for the unit also include a training program in continuous ambulatory peritoneal dialysis, a new home do-it-yourself treatment done without a machine.

SON appoints associate director



Barbara Brookes Hooker, curriculum coordinator for the School of Nursing since 1972, has been appointed associate director of the school. She replaces Joan Randle, who retired from the position last month.

Mrs. Hooker received a BS degree from the University of Connecticut School of Nursing where she served as a faculty member from 1955-58. She became a staff nurse at the Deaconess in 1958 and joined the School of Nursing faculty in 1961. Mrs. Hooker obtained a masters degree from the Boston University School of Nursing in 1960.

Mrs. Hooker is active in both local and state nursing organizations and has served on the National League for Nursing Council of Diploma Programs as team chairman for accreditation visits and as a member of the Board of Review.

Last month she was appointed by the Massachusetts Board of Registration in Nursing to serve on a task force which will develop a uniform format for the publication of rules and regulations to govern schools of nursing. Mrs. Hooker is also a member of the Board of Directors of the Massachusetts/Rhode Island League for Nursing.

In her position, Mrs. Hooker is especially looking forward to "helping students with career mobility and recruiting non-traditional students for the school." Mrs. Hooker resides in Sturbridge with her husband, Chester.

NEDH VOLUNTEERS HELP CHANNEL 2 – *Thirty-five volunteers representing the Deaconess Hospital enjoyed a fun evening on August 30th when they appeared as on-air telephone fund raisers for the benefit of WGBH-TV educational Channel 2. It was a good night for Channel 2 as the Deaconess volunteers raised over $53,000 in pledges.*

NEDH mourns deaths of two

Deaconess employees were recently saddened by the deaths of two people who had been closely involved with the hospital for many years. Mary Clancy, 60, nurse/secretary to Dr. Frank Wheelock for 12 years and to Dr. Gary Gibbons, died on August 19. Nanny C. Peterson, 98, one of the oldest living graduates of the School of Nursing, died on August 30.

Miss Clancy was a veteran of World War II, serving with the U.S. Army Nurse Corps. In 1950 Miss Clancy began working as a nurse for Dr. Leland McKittrick. She also served as his operating room nurse at the Deaconess.

Donations may be made to the Mary Clancy Fund, which will be presented to the Student Nurses' Library at NEDH, by calling Sharon DesChaine at 734-0870.

Miss Peterson, educated in Sweden, came to the United States at the age of 17 and entered the Deaconess Bible Training School. After graduation she served for five years as a parish visitor and social worker for the Swedish Methodist Church in Providence, Rhode Island. Miss Peterson then started training at the Deaconess Hospital where she graduated in 1915. Over a period of 47 years Miss Peterson worked as a staff nurse, head of the operating room and as private duty nurse at the Deaconess.

During her years at the hospital, Miss Peterson served with Dr. Frank Lahey who founded the Lahey Clinic and as a member of Dr. Eliot Joslin's team of nurses who provided care for diabetics in their homes before the discovery of insulin. During World War I she was in charge of the soldiers sent from Fort Devens during the influenza epidemic. For this work she received a citation from the state. She was very proud that she lost only one "boy," and that she brought a pregnant mother and baby safely through the epidemic.

Throughout her life, especially in her later years, Miss Peterson maintained a voluminous correspondence with former patients, employees and friends throughout the country.

NEW ENGLAND DEACONESS HOSPITAL
School of Nursing Alumnae Association
Twelfth Annual Alumnae Reunion Day – November 1, 1980
Audrey K. Kennedy Hall
1 Autumn Street, Boston, Massachusetts 02215

8:30 - 9:30 Coffee and Registration

10:00 - 10:45 Business Meeting – Auditorium
ANA Convention Report – Beatrix Alfonso

11:00 - 12:00 Program: "Health Care in Liberia in 1980" – A Slide Show Presentation and Discussion by Irja Hill Wilson ('43)

12:45 Luncheon
Harvard Club of Boston
Presiding: Lois Schulz, President of N.E.D.H.
School of Nursing Alumnae Association
Greetings from Laurens MacLure, President of N.E.D.H.

In order to accommodate everyone at the luncheon, we must ask for advance registration. Donations of $10.00 and the reservation card below must be sent by October 17, 1980 to Priscilla Archibald, 63 Hollywood Road, West Roxbury, Massachusetts 02132.

Use of public transportation is advisable, but parking will be available at no charge in the Pilgrim Road garage opposite Audrey K. Kennedy Hall.

Please complete and return the bottom half

ALUMNAE REUNION DAY

Name _____
(first) (maiden) (married)

Class _____ I plan to attend: Yes ( ) No ( )

NOTE: Please enclose a check for $10.00 made payable to the Alumnae Association of the School of Nursing of the New England Deaconess Hospital, and send to Priscilla Archibald, 63 Hollywood Road, West Roxbury, Mass. 02132.

DEADLINE: October 17, 1980

Social service *(continued from page 1)*

concentration of medical institutions competing for the same services. This part of the social service department's job, discharge planning, is a misnomer since it entails more than financial arrangements and placement. With input from the continuing care coordinator . . . whose expertise is determining the patient's level of care and nursing needs, a social worker must evaluate not only the patient's physical and financial situation but also his or her emotional state and relationship with family and/or friends. Within a very short period of time, usually two to three days, a social worker has to gain the confidence of the patient and his or her family while asking highly personal, but necessary, questions.

Social Service Director Gerald Cubelli heads the 14-member department. Each department case worker is assigned to a specific nursing unit in the hospital, with several of the staff members working only with cancer,

Penny Braude

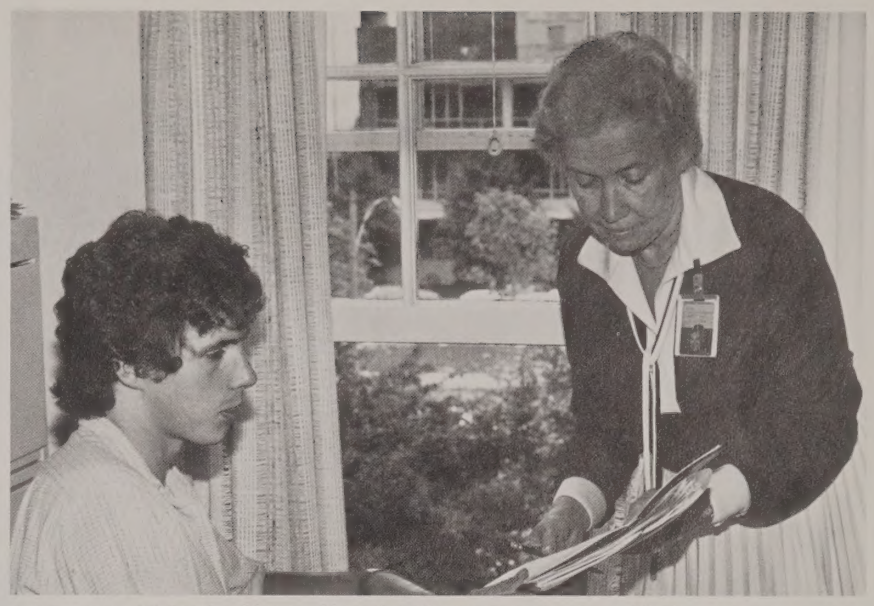
diabetic or cardiac patients. The social service workers remain with the same patient upon readmission.

"We see people during a crisis period when even relatively simple problems can seem overwhelming," said social worker Penny Braude. As a caseworker, Ms. Braude not only has to know the resources available to her, but she must attempt to persuade appropriate agencies to provide services for her patients. Many cases are referred to social service for a specific reason – someone needs to be listened to; another person needs help filling out forms; other cases take social workers days of telephone work, trying to convince individuals at various community agencies to take an interest in a patient and his or her family.

One of Ms. Braude's more complicated cases involved an elderly man who entered the Deaconess following a heart attack. "Mr. Sanchez," who didn't speak English, also had diabetes. His son, the only relative Mr. Sanchez has in this country, took time off from work to care for his father but he had stretched his employer's patience to the limit. Ms. Braude began to counsel Mr. Sanchez and his son a few days before the patient's discharge. Ms. Braude was faced with several tasks, e.g. Mr. Sanchez needed a visiting nurse and homemaker who knew Spanish; his insurance didn't cover all the services he needed and the son was experiencing anxiety over whether he could adequately care for his father at home. After three full days of telephone work, Ms. Braude was able to piece together a nursing and homecare plan for Mr. Sanchez and put his son in touch with a counselor at a community mental health clinic.

Her involvement with the Sanchez family didn't end after discharge, for Mr. Sanchez suffered another heart attack at home and entered a local hospital. By this time, both father and son were depressed and frustrated by their six-month ordeal. They had trouble communicating with the hospital personnel, so the son contacted Ms. Braude again for her assistance. She arranged for his Deaconess physcian to have Mr. Sanchez readmitted to the Deaconess to receive more specialized medical care.

"We had developed a trusting relationship which eased their fears during this traumatic period in their lives," said Ms. Braude. "There really isn't a 'solution' to any of these problems. You just do the best you can with the resources available to you. Sometimes it's really frustrating, but you do feel a sense of accomplishment when you've helped patients and their families adjust to and manage the abrupt changes in their lives."



Assistant Social Service Director Mary deBettencourt counsels a patient.

A slightly different type of involvement is required for patients learning to live with chronic diseases with recurring hospitalizations. Suzanne Piening, renal social worker, assists renal patients and their families in dealing with the effects of rigorous dialysis treatments or kidney transplants. "We must help them accept the fact that the disease won't go away," said Ms. Piening "Although, ideally, most people can return to work while undergoing dialysis, many have demanding jobs and they can't return. Their status changes within the family structure, causing stress for all. Also, family members may feel guilty because they are healthy while their relative is ill, or that they won't be able to care for the patient. Chronic disease often robs people of their independence. We help them to be as functional as possible and to restore their feelings of control over their futures. I'm constantly amazed at the resiliency of the human spirit, the ability to adapt to such dramatic changes in lifestyle."

Avoid daily commuter hassles with Rideshare

Commuting to and from work can now be easier and less expensive through a new Rideshare Program sponsored by the Medical Area Service Corporation (MASCO). All Longwood medical area employees are eligible for the ongoing program.

You may register for the carpooling program by calling 732-2383 or 732-2384 and providing information on your commuting habits. The information will be matched by computer to come up with names of other Longwood medical area employees who live near you and use similar commuting routes and times.

Between $900 and $1700 a year can be saved depending on the car you own and the carpool you join. For example, driving 40 miles roundtrip alone in a standard car costs approximately $2098 a year while sharing a ride with three other people under the same conditions cost about $525 annually. Ridesharing also sharply reduces your parking expenses and reduces the stress of driving in daily rush hour traffic.

AACHOO! *(continued from page 1)*

Ironically, science has thus far been stymied in developing more effective remedies for hay fever due to the complexity and actual complicity of the human body's immune system, a network that normally offers us vital defense against invading bacteria and viruses. Ragweed allergy is actually a misguided defensive response by the body's immune system. When bacteria invade the body, the immune system routinely produces special antibodies to combat the bacterial antigen and destroy the dangerous invader. However, for some as yet to be discovered reason, perhaps linked to an inherited biochemical defect, the hay fever sufferer's immune system mistakenly identifies entering ragweed pollen grains as dangerous and produces an antibody called IGE to repel the invader. IGE attaches itself to mast cells within the body. Together, they produce a very potent chemical called histamine. Histamine can cause certain muscles to contract, blood vessels to dilate and mucous membranes to swell. Its effect on the nose and eyes results in the misery of ragweed allergy.

Few places in the Northeast are naturally free of ragweed pollen. Only the higher elevations of the White Mountains near Franconia, Breton Woods and Crawford Notch, New Hampshire are relatively free of ragweed. And even there pollen counts are rising every year. But as bad as it may seen to hay fever victims in the Northeast, Midwesterners have it far worse. In Ohio, Indiana and Illinois people must receive high-dose injection therapy to avoid complete incapacitation.

For those of us with hay fever who cannot escape to a mountain-top, Dr. Sheffer recommends that we bring the mountaintop into our environment. If possible, purchase of an air conditioning unit for home use will greatly benefit hay fever sufferers during ragweed season. As one of its functions, the air conditioner filters all incoming air thus screening out much of the irritating pollens. The air conditioner's filter may be washed periodically and provides a simple yet effective method of avoiding the onset of an allergy attack.

This is the first of a two-part article on ragweed hay fever. Part two in next month's PULSE will cover new medications and treatments.

Dr. Hadley *(continued from page 1)*

Drs. Robert F. Bradley, Carl S. Hoar, Jr. and James L. Tullis, related their personal and professional remembrances of Dr. Hadley.

"If all physicians were like him there would be no need for a patients' bill of rights. He was always a patient advocate," said Dr. Bradley, president of the Joslin Diabetes Foundation. Dr. Bradley also announced that a portrait of Dr. Hadley will be hung in the William B. Hadley Unit of the Joslin Clinic (formerly unit 2).

William D. Barry, vice president of the Joslin Diabetes Foundation, reminisced about his 22-year association with Dr. Hadley and his love for his work, family and golf – but especially about his devotion to work. "Dr. Root once said that 'a little bit of the physician dies with the loss of each patient,' " said Mr. Barry. "In this case, a little bit of his patients have died with the loss of Bill Hadley."

Employees honored at service awards ceremony

President Laurens MacLure (l) receives his five-year pin from Peter Campisano, associate director. Ninety-five employees were recognized at a coffee hour held in Harris Hall on August 27.

Twenty year employee Dean Annis, associate director.

FIFTEEN YEAR RECIPIENTS: *(l-r) Algeria Billings and Mattie B. Jacks, nursing; John B. Cormack, surgical services;* **five year recipients** *Drs. Paul T. Kearns and Stephen Codish, Harvard Medical/Surgical residents.*

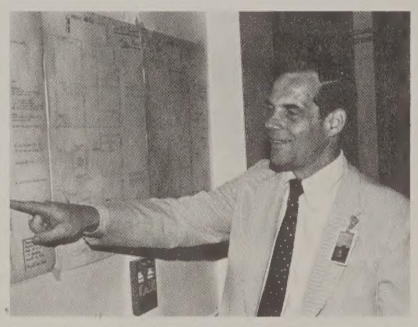
TEN YEAR RECIPIENTS: *First row (l-r): Simon R. Ellis, laboratories; Louise Sutherland, ambulatory services; Maria A. Gonzalez and Generosa R. Gimenez, laundry. Second row (l-r): Lanell I. Smith, foot room; Richard F. Guzikowski, laboratories; Ramon D. Gonzalez, dietary. Third row (l-r): Isabella Erskine, purchasing; Dorothy M. Casale, patient services; Marcia F. Stowell, laboratories; Marcelina M. Leyva, building services.*

United Way campaign launched at NEDH

New England Deaconess Hospital United Way Campaign for 1980 will be conducted September 22 to October 3, 1980. The theme this year is "Life is Worth Giving." Captains for this year's drive are: Joanne Casella, laboratories; Rita McNulty, surgical services; Lenny Cipullo, housekeeping; Sally Jenks, service coordination; Ray Anderson, pastoral care; Ron Anderson, purchasing; Carol Zipser, personnel; and Alice Siders, Gwen Muldoon, Janet Gray, Mary Jo Mozden, Mary Moberly, Jo Dwyer, nursing.

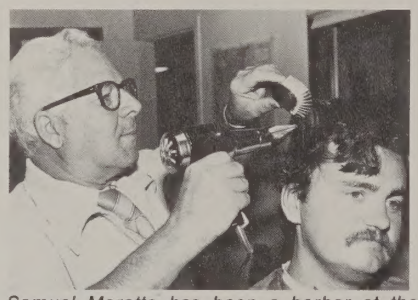
"The focus of the United Way Campaign is people helping people, so the goal is a broad base of employee involvement. In addition, individuals from departments throughout the hospital are being asked to give a little time and effort to solicit donations from fellow workers," said Suzanne Holloran, keyperson for 1980. Tom Wright is keyperson elect for the campaign.

A goal of $30,000 is set for this year. All employees are invited to donate – any contribution small or large will be gratefully accepted.

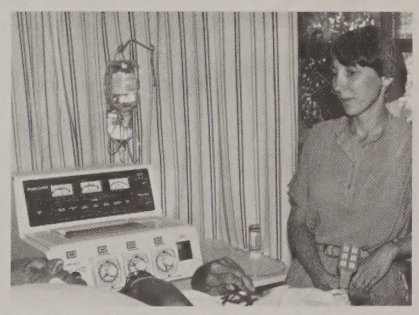


Associate Director Hubert D. Sycamore has worked for 20 years at the Deaconess.

FIVE YEAR RECIPIENTS, *First row (l-r): Muriel I. Cameron, dietary; Shun Nam Mak and Chris Cardillo, laboratories; Vasti Branford, medical office building. Second row (l-r): Evelena Dorman, security; Stanley Paxton, administration; Hedy Leone, nursing; Clare Fletcher, laboratories. Third row (l-r): Francis E. Donovan, accounting; Judith Bochman, dietary; Deborah Gravina, adminstration; Jeanette Wing, nursing; Richard Bellofatto, intensive care. Fourth row (l-r): Janet Gray and Kathryn Davis, nursing, Dr. Benjamin White, Deaconess Medicine.*



Samuel Marotta has been a barber at the Deaconess for 35 years.



Renal Social Worker Suzanne Piening visits a dialysis patient – one of the first steps taken in a social worker's involvement with Deaconess patients (see page 1).

pulse

New England Deaconess Hospital

The New England Deaconess Hospital is a 489-bed and 14-building complex. Physicians from the Joslin Clinic, the Lahey Clinic, Overholt Thoracic Clinic and the general medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine, and is affiliated with Harvard Medical School.

PULSE is published monthly by the public relations department of the New England Deaconess Hospital.

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